

New \_\_\_\_\_ Renewal \_\_\_\_\_



For office use only:  
Licensing Year: \_\_\_\_\_  
License No: \_\_\_\_\_

### APPLICATION FOR BAIL BONDING AGENT

Name of Licensee: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Employer (Bail Bond Company): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you had any criminal convictions, including traffic infractions, within five (5) years of this application date?  
If yes, when, where and for what offenses.

Yes  No

DATE	WHERE	OFFENSE

List any criminal conviction for which you are currently on diversion, probation or parole:

DATE	WHERE	OFFENSE

List any pending criminal charges including traffic infractions:

DATE	COURT	OFFENSE

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Bail Bond Company Information:**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I hereby verify that the above named person is applying for a bail bond agent license for employment with the company listed above.

Date \_\_\_\_\_ Company Owner/Representative \_\_\_\_\_

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\$25.00 Paid by Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by: \_\_\_\_\_

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The above individual was fingerprinted by the Salina Police Department on \_\_\_\_\_, 20\_\_\_\_, and forwarded to the United States Department of Justice.

The Police Department is recommending the foregoing application be (approved/disapproved).

Date \_\_\_\_\_  
Police Department

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The City Prosecutor is recommending the foregoing application be (approved/disapproved).

Date \_\_\_\_\_  
City Prosecutor

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The foregoing application is (approved/disapproved) by the City Clerk.

Date \_\_\_\_\_  
City Clerk

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